

Junior & Cadet Life Guard Membership Application / Renewal



Parents/Guardian Name (Must be legal guardian)			
Surname	First Name	Other Names	
Address (Residential)		Address (Postal - If same as residential leave blank)	
Home Phone number ..(.....)		Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Work Phone number ..(.....)		Email :	
Mobile Phone number ..(.....)			
Children's Details			
Surname	First Name	Other Names	Date of Birth/...../..... <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname	First Name	Other Names	Date of Birth/...../..... <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname	First Name	Other Names	Date of Birth/...../..... <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname	First Name	Other Names	Date of Birth/...../..... <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname	First Name	Other Names	Date of Birth/...../..... <input type="checkbox"/> Male <input type="checkbox"/> Female
Club Assistance			
I am willing to assist the club by providing the following assistance to the club :-			
<input type="checkbox"/> Working Bees	<input type="checkbox"/> First Aid	<input type="checkbox"/> Training	<input type="checkbox"/> Patrols
<input type="checkbox"/> Clubhouse Maintenance	<input type="checkbox"/> Clubhouse Cleaning	<input type="checkbox"/> Administration duties	<input type="checkbox"/> Fundraising
		<input type="checkbox"/> Equipment maintenance	<input type="checkbox"/> Public Relations
		<input type="checkbox"/> Other	
Medical Information			
Is there any medical conditions that you or your children suffer (or are likely to suffer), or information that the club should be aware of :-			
.....			
If yes, please provide full details, if insufficient space please use the reverse of this form. Including contact name of an emergency medical contact and if the Club should make any provisions to assist you.			
Declaration			
<ul style="list-style-type: none"> • I am the legal Parent/Guardian of the above mentioned Child/Children (if joint Guardianship is held both parties most complete and sign this form); • I agree to abide by the Rules and By-Laws of the Club and will follow any reasonable direction of the Management Committee, or any person appointed by them, and I will abide by any disciplinary action, fine or consequence, for breach of rules, by-laws, or reasonable direction; • I acknowledge and accept the terms contained in the Privacy Policy of the Club (which is available on the Club notice board or provided upon request); • I understand that my Child will be undertaking activities in Public Area's such as a Beach or Pool. I understand these area's are not controlled by the Club and are natural environments and in this regard the Club does not guarantee, in any way, that these area's are completely safe; • I have not been charged with, or committed, any offence against children, offence of a sexual nature, offence of a violent or abuse nature; • I will not hold the Club, or any of its members or officers, liable for any loss or damage to me, through its negligence or not, whilst carrying out activities associated with the Club or through the use of Club equipment or property; and • I understand that the Club has the right to refuse my application or terminate my membership in accordance to the Rule's of the club. 			
I have read and understand the above declaration. I am signing of my own free will and in agreement of the above declaration and have paid / am willing to pay the application and membership fees.			
Signature of Parent / Guardian (if joint Guardianship is held both parties most complete and sign this form)			Date/...../.....

Conducted by
ITHACA – CALOUNDRA CITY LIFE SAVING CLUB INC ABN 69 400 598 562
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 PO Box 2082, West Ashgrove Qld 4060